

REMARKS/ARGUMENTS

The specification and claims have been carefully reviewed in the light of the Office Action to which this Amendment is responsive. By this amendment, claims 42, 53, 55, 58 and 60, which had been indicated as being directed to allowable subject matter, have been rewritten in independent form as new claims 65-69, respectively. The remaining independent claim 32 in issue has been amended to improve its form and to distinguish even more clearly over the prior art.

Claims 32-35, 40, 41, 43-52 and 61-64 have been rejected as being obvious over Green et al. (U.S. 5,095,561) in view of James-Wallace (U.S. 5,390,380) and reconsideration of such rejection is respectfully requested in the light of the foregoing amendments. Applicant's invention relates to a hospital bed that can be rotated about a vertical axis and converted into a Z-shaped chair-like configuration for enabling a patient to either sit or easily exit the bed. In the chair configuration, in which a portion of the bed extends laterally outwardly from the normal longitudinal floor coverage of the bed, a support leg structure is provided for preventing accidental tipping of the bed. Pursuant to an important feature of the invention, the bed can be controlled by the patient himself without requiring the assistance of nursing home or hospital personnel (see specification page 9, paragraph 0049). To this end, a drive is provided that is operable by a person in the bed for rotating the bed and for automatically moving the support leg structure between the retracted and extended position for safe exiting of the bed.

Green et al. discloses a conventional hospital bed that can be converted into a chair-like configuration, by rotation about a vertical axis. Green lacks any appreciation for a stabilizing structure for the bed when in the chair configuration. James-Wallace, on the other hand, relates to a bed having a hoist to assist hospital personnel in lifting a patient from the bed onto a wheelchair or the like. The bed includes an additional manually positionable support leg to help prevent the bed from tilting. The support leg may be pivoted about a horizontal axis as shown in Fig. 3, or a vertical axis as shown in Fig. 4. The latter embodiment requires additional manual adjusted means 86, 88 for permitting rotation of the leg about the vertical axis.

Hence, neither Green et al. nor James-Wallace disclose or suggest a hospital bed, and particularly a rotatable chair/bed according to applicant's invention, that includes a drive

operable by a person in the bed for automatically moving a support leg structure between extended and retracted positions as called for in claim 32. Since the remaining claims all are dependent on claim 32, they similarly are believed to distinguish over the prior art.

From the foregoing, it is believed that the claims as now presented all are directed to features which are neither disclosed nor suggested in the prior art so as to be in condition for allowance. Accordingly, an early action to that effect is respectfully requested.

If, in the opinion of the Examiner, a telephone conference would expedite the prosecution of the subject application, the Examiner is invited to call the undersigned attorney at his direct number: 312-616-5640.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dennis R. Schlemmer", is written over a horizontal line.

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